CACFP Enrollment Form (sample #1)

Please complete and/or up	pdate and sign th	is form and return it to	no later than
served to your child(ren). for all of our enrolled chick CACFP. All information indication of racial and experting purposes only.	The Federal re ildren. This info is confidential ethnic background. By providing	gulations for the CACFP require us to rmation is used to confirm your child and will be shared with appropriate and is optional and will not affect eli- ty this information you will assist u	P) and receives Federal reimbursement for the meals of collect and update this information on an annual basis d(ren)'s current enrollment in the center and thus in the personnel and state/federal staff as needed. Note : The gibility for the Program. This information is used for s in assuring that this program is administered in a lidentification of the child's race and ethnicity will be
Child's Name:	Middle	Sex: M F Date	of Birth:/ Foster Child? Y N
			ally in care: MTWTFSS Holidays
Circle meals normally of Date Enrolled:		Breakfast AM Snack Lunc	ch PM Snack Supper Eve Snack inated:
Select One or More:	· ·	Hispanic or Latino	
		American Indian / Alaskan Native Native Hawaiian / Pacific Islander	
			of Birth:/ Foster Child? Y N
			ally in care: MTWTFSSHolidays
	· · · · · · · · · · · · · · · · · · ·	Breakfast AM Snack Lunc	
Date Enrolled:			inated:
Select One or More:	<u> </u>	Hispanic or Latino	
	Race:	American Indian / Alaskan Native Native Hawaiian / Pacific Islander	Asian White Black or African American
Parent Signature:			Date:
Annual Updates (to be c	completed on an	annual basis after initial enrollment):	
		on for my child(ren) and (check one):	☐ found it to be accurate at the present time ☐ made changes as needed ☐ Date:
ond Annual Update Thave reviewed the enrol		on for my child(ren) and (check one):	☐ found it to be accurate at the present time ☐ made changes as needed
Parent Signature:			•
B rd Annual Update I have reviewed the enrol	lment information	on for my child(ren) and (check one):	☐ found it to be accurate at the present time ☐ made changes as needed
"In accordance with Fedobasis of race, color, nation	eral law and U.S nal origin, sex, a ce Avenue, S.W	S. Department of Agriculture policy, age or disability. To file a complaint ., Washington, D.C. 20250-9410, or	this institution is prohibited from discriminating on the of discrimination, write USDA, Director, Office of Civr call (800) 795-3272 (voice) or (202) 720-6382 (TTY
Office use Only: Enr	rollment Date:	Update Date:	Dismissal Date:

CACFP Enrollment Form (sample #2)

						•													
Please complete and/or update and sign this form and return it to						no later than													
Our agency participates in the served to your child(ren). The for all of our enrolled children. CACFP. All information is co indication of racial and ethnic reporting purposes only. By nondiscriminatory manner. If r made.	Federal regul This information of the control of th	ations for t ation is used will be sl is optional is informa	the CACFP require us ted to confirm your chi- hared with appropriate and will not affect e ation you will assist	to colld(rere persolligibil)	llec n)'s som lity n as	et a s cu nel fo ssui	nd u irren and r the ring	ipda it en stat Pro that	te the rollice/fe ogra t thi	nis ir ment dera m.	nforn t in t l sta This rogra	nation he ce ff as i s info um is	on nter need rmat adr	an an and the led. It is in the led. It is in the led i	nual hus i Note s use ered	basis n the : The d for in a			
made.	(Select one or more)					(P	lease	circl	e all t	hat app	ly)								
Full Name(s) of Enrolled Child(ren)	* Race/ Ethnicity	Date of Birth	Normal Hours In Care	Normal Days of Care						Meals Normally Eaten While at the Facility **									
. ,			to	М	T	W	Т	F	S	S	В	AM	L	PM	Su	Ev			
			to	М	T	W	Т	F	S	S	В	AM	L	PM	Su	Ev			
			to	M	T	W	Т	F	S	S	В	AM	L	PM	Su	Ev			
				M	T	W	Т	F	S	S	В	AM	L	PM	Su	Ev			
			to to	M	T	W	Т	F	S	S	В	AM	L	PM	Su	Ev			
*Race: Hispanic or Latino Ethnicity ** B = Breakfast AM = AM Snac List any holidays that may requ Special needs or instructions (i.	ire care:e. allergies): _	nch PM	= PM Snack Su = Su	oper		Ev	= Ev	ening	Snac	ck									
Parent/Guardian's Name:																			
Home Address: Cit													_						
Mother's Employer:																			
Family Doctor:																			
Parent Signature:																			
_											_	_							
Annual Updates (to be comple 1st Annual Update I have reviewed the enrollment Parent Signature:	information f	for my chil	d(ren) and (check one): 	l ma	ade	cha	nge	s as	need	ded	he pro							
2 nd Annual Update I have reviewed the enrollment Parent Signature:	information f	for my chil	d(ren) and (check one): 🗆	l fo	uno ade	cha	nge	s as	need	led	he pro							
3 rd Annual Update I have reviewed the enrollment Parent Signature:		·			l ma	ade	cha	nge	s as	need	ded	he proate: _							
"In accordance with Federal la basis of race, color, national ori Rights, 1400 Independence Av USDA is an equal opportunity p	w and U.S. I gin, sex, age enue, S.W., V provider and o	Department or disabilit Washingtor employer."	of Agriculture policy ty. To file a complain n, D.C. 20250-9410,	this t of di or cal	ins isci ll (8	stit rim 800	ution inati	n is ion,	proł writ 272	nibit e Uk (voi	ed fi SDA ce) (rom d , Dire or (20	iscri ector 2) 7	mina , Offi 20-63	ting of	on the f Civi TTY)			
Office use Only: Enrollmen	ι μαιe:		Update Date:					. 1	וSn	nssa	u Da	ιe:							